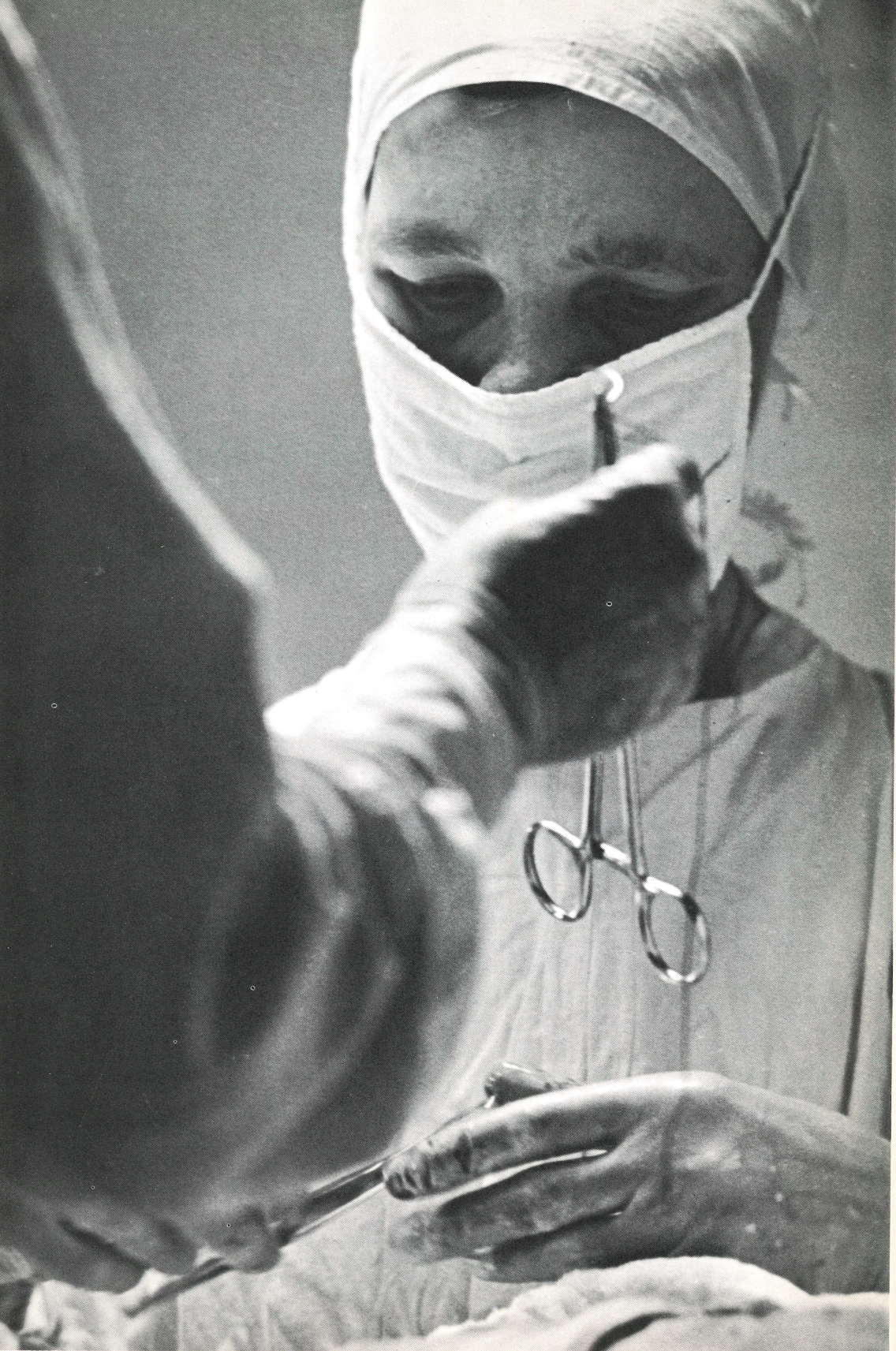


MARCH-APRIL, 1967

THE CHARISM OF HEALING

medical missionary



medical missionary

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*The Charism of Healing—Sister M. Claude in the
operating room in Pakistan.*

Editor: Sister Miriam Therese

Associate Editor: Sister Bernadette Marie

Art Director: Michael C. Louridas

Photography: John L. Alexandrowicz

Art Credit: Front Cover, Sister M. Eloyse

Back Cover, Sister M. Josepho

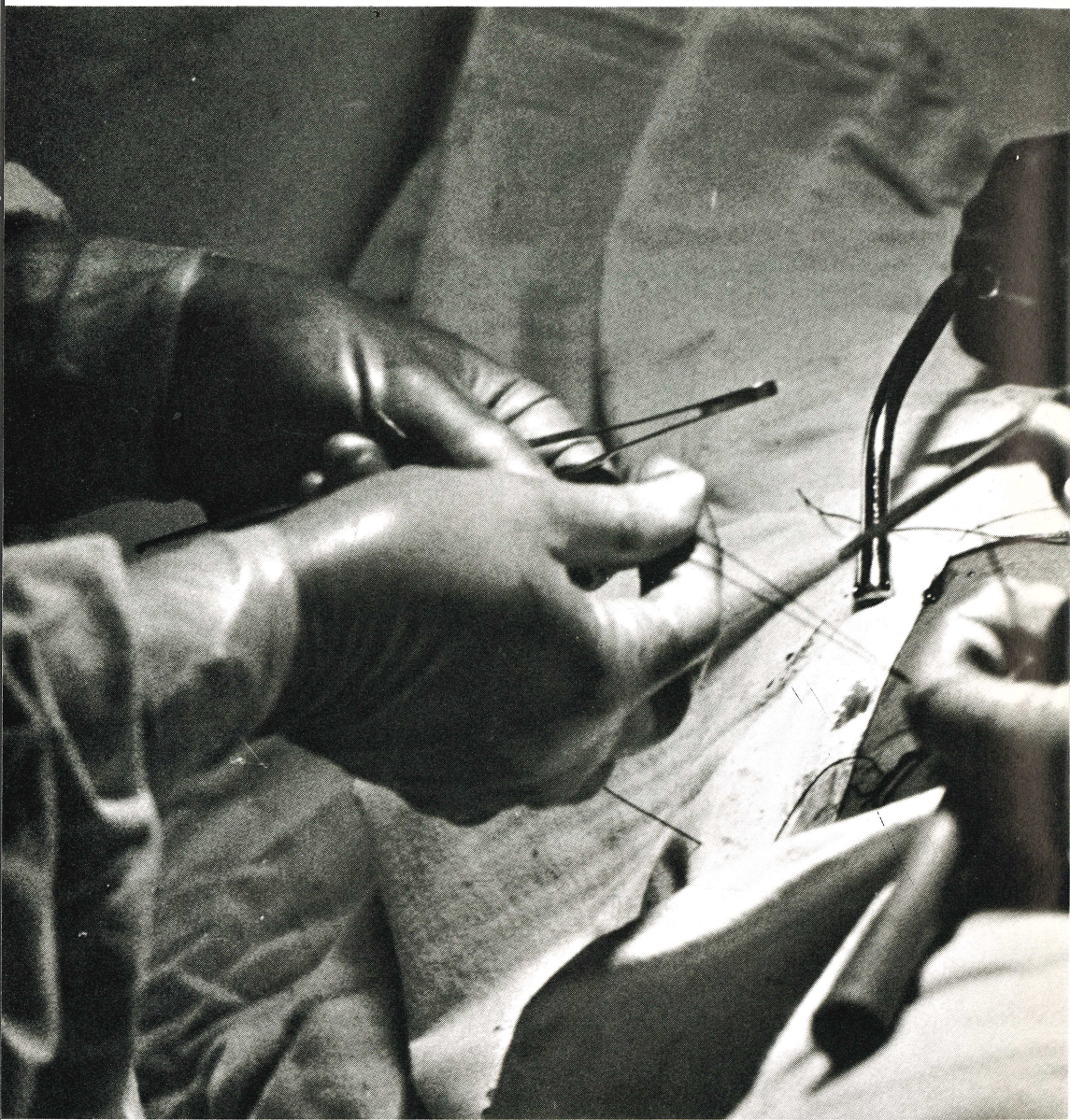
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the CHARISM



of HEALING



a gift put into our hands...

...a gift to be given away.

By Sister M. Lawrence

Men have different gifts but it is the same Spirit that gives them. There are different ways of serving God, but it is the same Lord who is served. God works through different men in different ways, but it is the same God who achieves his purposes through them all. Each man is given his gift by the Spirit that he may use it for the good of all. (1 Cor. 12, 4-8)

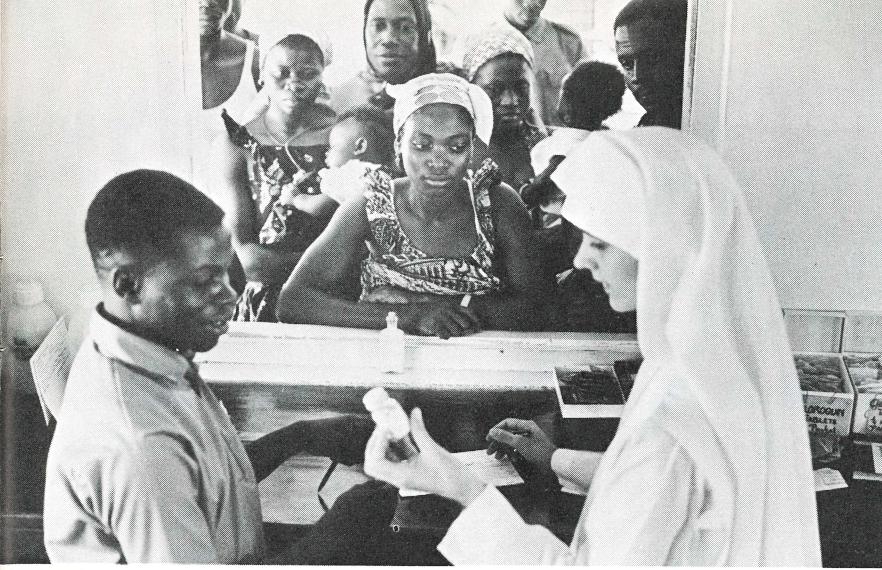
God is achieving His saving purpose through the varied gifts He gives to men. "His gifts were given that Christians might be properly equipped for their service and the whole body might be built up" to the "fullness of Christ." (Eph. 3, 12-14)

The word charism simply means gift. The charisms are gifts of the Spirit for the building up of the body of Christ. They are the expression of the vitality and dynamic love of the Spirit of Jesus in and for the People of God. They are gifts for giving, powers and abilities which of their very nature constitute a commission and vocation. They are gifts to be used generously in the communicative Spirit of the Giver. "If our gift is serving others, let us concentrate on our service . . . if doing works of mercy, let us do them cheerfully . . . Work for the Lord with untiring effort and with great earnestness." (Cf. Rom. 12, 6-11)

One can sense the warmth and enthusiasm in the activities of the primitive Church from the description in the Acts of the Apostles. The

Sister Michael Ann,
lab technologist,
New Delhi, India.





Sister Regina Marie,
pharmacist,
Techiman,
Ghana.



Sister Mark, nurse,
Rawalpindi,
West Pakistan.



Sister Karen,
Quinhon,
So. Vietnam.

Medical care is not merely a science.

*Sister-anesthetist,
Maracaibo,
Venezuela.*

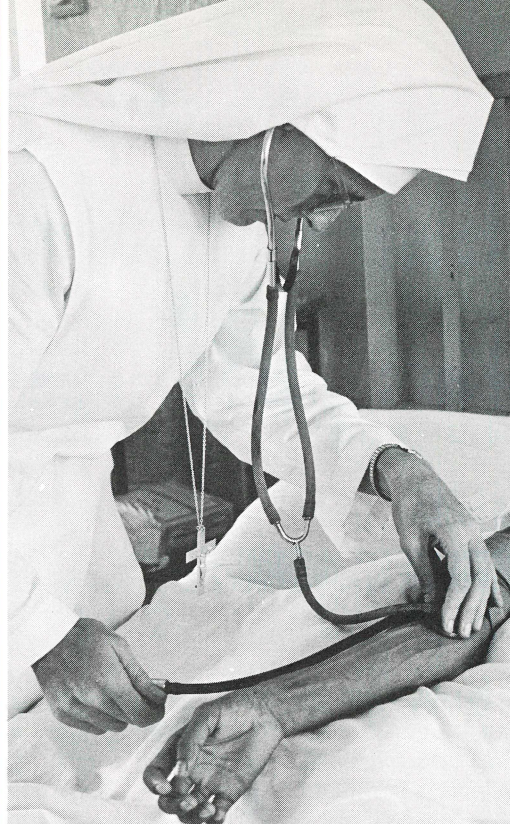
fire of Pentecost found expression in the early Christian's spirit of service. Service was not an organized function then, but an inner necessity that followed from the fact that the Church was truly constituted by the Spirit of the Jesus who came to serve, to make men his friends, to announce the good news, and to heal the sick. Jesus' Spirit is the Spirit of salvation, the Spirit which heals the wounds in our world and nature and brings wholeness to us both within and without. The outward thrust of the Spirit within the Church is to do what Jesus did. To restore men to wholeness, to bring them salvation, Christ served them as King, Priest and Prophet, He taught them and healed them, and His healing effect was the authentic sign of the arrival of the Kingdom and of the day of salvation. And so, "in His Church God has appointed some to be apostles, some prophets, some preachers, some teachers, some workers of spiritual power, some with a gift of healing . . ." (Cf. Cor. 12, 27-29) These are the things that Jesus did and that the Church with her universal stretch throughout time and space must always do.

The delightfully chaotic out-pouring of the Spirit in the beginning has yielded to a more ordinary and organized expression, but the charisms in the Church are no less operative for that. In fact the institutionalization of the charisms is a sign of the progress of the Spirit's penetration of our world. In the be-

ginning the Spirit acted upon the Church. Now it acts from within, through the very humanity of the Church. The charism of healing is no less a charism because it is exercised today through sacramental signs and the scientific discoveries and methodologies of men.

The Church throughout the ages has always exercised her charism of healing, and in the primitive Church, the gift of healing was one of the most notable of the charisms. Christ shared his healing power with his apostles, and the gifts and mission He gave to them became universal when the Spirit came like a mighty wind and like fire cast on the earth on the first Pentecost. The Bishops who continued the work of the apostles constantly and spontaneously assumed responsibility for the sick members of their flock. They appointed elders and deacons, official widows and deaconesses to assist them in this responsibility. These were to "hasten to the sick, to fast and pray and impose hands upon them." (Didascalia) It is very possible that this laying on of hands was the administration of the Sacrament of the Sick. But the service was to be of high quality. The deaconesses were directed to "serve well," be "experienced," "so that they can come to the assistance of the sick as faultless workers," "giving assistance and doing servile work readily and with skill." (Apostolic Const.) The bodily and spiritual dimensions of the Church's gift of healing were

(continued on page 46)



*Sister Brendan,
nurse,
Quinhon,
So. Vietnam.*



*Sister Loyola,
X-ray technician,
Dacca,
East Pakistan.*

after 20 years,

By Sister M. Th. Josepha

Sushi stepped into the Out-Patient Department last week and flashed her winsome smile. It was clear to all that the little girl, at two, was the delight of Kalliani, her mother, and Madhavan, her father. The family had stopped in to visit old friends. Seeing Sushi again brought back to mind the whole extraordinary story of her birth. Unlike other children, Sushi grew and developed outside the womb of her mother.

It was early Monday morning, two years ago, when Sushi's mother arrived at the hospital. She complained of pain in the abdomen. Treatment in a nearby hospital had done little to alleviate her discomfort. Kalliani was 40 years old then, thin, emaciated, anemic. She had been married for 23 years. A full term, normal delivery 20 years before had terminated in heartbreak. The child had died on the third day after birth.

There had been no other children.

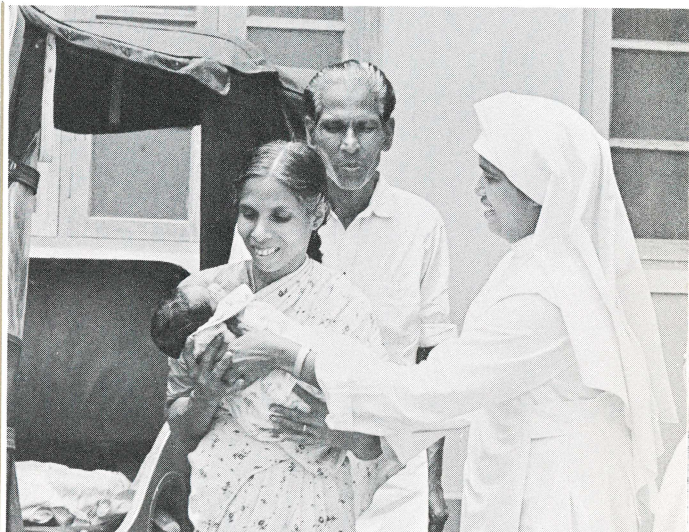
After examining Kalliani, the doctor diagnosed a ruptured tubal pregnancy and advised an operation. Kalliani was puzzled and a little frightened. She would not agree to an operation. The doctor and Sister-in-charge did everything they could to convince her of the need for an operation, but she would not give in. She preferred to suffer the pain, and for one whole day and night, accepted it quietly. The next day on morning rounds, Kalliani looked relaxed and quite cheerful. "Doctor, I feel much better," she said. "There is no need of operation. I have no more pain. I want to go home." The doctor examined her again and discharged her on request, with a supply of iron and multivitamin tablets to build her up and terramycin capsules to combat infection.

Three months later, Kalliani re-

Sister Marie Bernard says goodbye, as proud parents prepare to take their long-awaited baby home.



*Sushi,
age two,
well worth
waiting for.*



a child

turned to the hospital. On examination, the doctor found that at 24 weeks (six months), no fetal heart sound could be heard nor any fetal parts felt. Kalliani was advised to attend ante-natal clinic every two weeks. She came regularly, and at the seventh month, the fetal heart sound could be heard and fetal parts felt very easily over the abdomen. The diagnosis of abdominal pregnancy was confirmed.

At full term Kalliani was admitted to the hospital. Her hemoglobin was 60 percent. Blood donors were solicited from a nearby college and by the end of the day, four bottles of blood stood ready for her. The doctor explained to Kalliani and her husband that delivery through the normal route was impossible as the baby was in the abdomen and not in the womb. Both of them agreed to an operation. That day Kalliani

and Madhavan became the proud parents of a healthy baby girl weighing 5 pounds, 15 ounces.

Kalliani and the child made uneventful recoveries. They quickly became the center of attention among the student nurses who were delighted to be able to study a case of abdominal pregnancy, which is very rare. Although she made rapid progress, Kalliani was kept in the hospital for 30 days in order to insure complete recovery. Frequent transportation from her village to the hospital was complicated and would have been very inconvenient should the need have occurred. When Kalliani at last left the hospital with her long-awaited little girl, her face was radiant with joy. The way she carried Sushi in her arms proclaimed to the world her wonder: "After 20 years, a child!" ■ ■ ■

Kalliani, Madhavan, and Sushi—and then there were three!



A NEW SONG

By Sister M. Ivan

Have you ever stood on a windy hill or in a crowded city on a clear night and wondered, why...why am I, who am I, where am I going, when will I arrive? Have you ever, all at once, in a multitude of ways, experienced an answer so vivid that you felt you never really need question again? I am because God is, because He has loved me into life, and every facet of my microcosmic history is a part of His wonderful way. God lives and moves among us. His are the earth and the sea and the cities and the stars, and every person is a part of His people. He knows us—you and I—and He loves us just as we are.

It is an insight that rocks a man deeply, yet it is a level of awareness that most men of God share. Some, however, cannot keep quiet about it. They have to shout the good news to the wide world. These latter are the prophets and the poets and the singers of songs. Songs, especially folk songs, simply express what everybody is thinking. Our Scripture songs are a lot like this. They are the unsung songs of many men, and they belong to these others every bit as much as they belong to the instrument of the Spirit who first breathed them to life. To those who are less than whole through hunger, illness, despair, these songs sing of healing. To those who feel the need to penetrate the superficiality of tangible things, they offer an invitation. To those who would walk one carefree moment with Christ, they come with the spontaneity of faith and trust and love. Sometimes (and if you have ever written a song, you will know what I mean), songs seem a whole lot like children who, once they have come to birth and grown, have the liberty to walk away. The moment of creative love that enabled them to be will always remain a mystery, a meeting between God and man. It is a very humbling thing, a very warm and worthwhile experience. It is reason enough for singing another song.

Sister Miriam Therese

The Medical Mission Sisters are singing a new song to the Lord. The song has come to the ears of many, who in turn have caught and understood what the music is trying to say.

Sometimes it is a joy-filled noise to the God of grandeur, sometimes a piercing wail over the seemingly senseless sufferings of men. Most often perhaps it is a quiet, loving testimony of faith to the God who loved the world into being and continues to caress scarred and weary sons back to hope. It is a song of calm courage and confidence that no man, no matter how lonely, can run from the scope of Christ's compassion. It is a song of promise. It is a song—a whole bevy of songs—



based on the Bible, rooted in God's Word.

Where did it all begin? Some say on a hill on the outskirts of Philadelphia, where a Sister fell in love with a guitar. But Sister Miriam Therese is quick to add that it goes much deeper than that. The Scripture songs that have burgeoned and come to birth within the past year-and-a-half come from the very core of the community of which she is a part. The liturgy has always been the community's focal point and the Sisters have aimed to steep themselves in the Scriptures right from the start. It was perhaps a little surprising, but in a sense very natural, when Sister Miriam Therese one day revealed her hobby. There were only four songs then. They were songs that she claims were "necessary,"

that sprang into being much as the sun pours through a window pane. The liturgy had just been transformed through the vernacular. The Word of God was hitting home and hard, spilling over into every facet of daily life. It was a discovery one had to cry out about.

People heard and were captivated by the pungency of the cry and on June 1 (1966), 11 Medical Mission Sisters found themselves on the 25th floor of the RKO building in New York, prepared to cut a record. It hadn't been their idea, originally. The songs were meant first of all to make their own living-the-liturgy more dynamic. But others wanted to share in their newly-discovered experience, and a record would be a means of giving the songs away. A record is usually something you plan for and stew about, but typically for this rather young missionary community, it happened all in a rush. The group began to assemble in January and was already scheduled to disband in June. Sister Rachel, home on a six-month furlough from her post at Holy Family Hospital in Dacca (East Pakistan), had her return-trip ticket on her desk. Departure date: June 8—and rhythm without her Indian *tablas* (drums) was unthinkable. Sister Jessica had her Goya guitar case labeled: TO QUINHON, SOUTH VIETNAM, in anticipation of her first mission assignment scheduled for early July. The group had a total of 24 songs and a plucky determination to make two records, "as long as we're all together and in shape." So on the afternoon of June 1, with a feeling of now-or-never, they went all the way



Listening to playback at recording session of JOY IS LIKE THE RAIN.

...gift of the Spirit:

and recorded all 24 songs in a record-breaking seven-hour, 77-takes session. "Once we got started, we just couldn't stop!" — the usual thing whenever the group begins to sing. The first album, JOY IS LIKE THE RAIN, has already sold over 50,000 copies in the U.S., and has since been released in Great Britain, Canada, and Europe. The second

"While standing the night helicopter medical evacuation watch here at the Marble Mountain Air Facility in Vietnam, I heard a Voice of America program which contained selections from your album, JOY IS LIKE THE RAIN. For the joy and renewal of calm faith which this music brought me, I thank you." (A Major, U.S. Marine Corps)

album, I KNOW THE SECRET, will be released in April (1967).

The recording session was a milestone, but it didn't end there. Next came a folk Mass for guitar called

"I had lost all faith and understanding due to many family difficulties and deaths. When I first heard your record, my spirits soared and so did my husband's. Somehow it suddenly seemed that the earth was not such a bad place after all."
(A Michigan housewife)

MASS OF A PILGRIM PEOPLE, and an invitation to present it at Carnegie Hall. By this time the group had dwindled to seven as members left to sing their songs in other lands. "Any representation of the pilgrim People of God should certainly include more than Sisters!" It was this decision that led the Medical Mission Sisters to ask the Paulist Folk Singers of Washington, D.C., to join them in singing the Mass. Sixteen seminarians volunteered for the job. After a brief audition, 16 were accepted. Preparations were feverish and fun-filled, with an added challenge of having to carry a full semester study load at the same time.

Under the trees at Fox Chase (Philadelphia), where it all began.



February 5, 1967: presenting MASS OF A PILGRIM PEOPLE at Carnegie Hall.

to announce the good news...

"From the top of a hill to Carnegie Hall" in one giant step. The week-end of February 5th retained that touch of unreality as the Sisters and the seminarians descended upon the city of New York, ready to shout God's Word to the tiered-boxes and balconies of a full house, which they did. The enthusiastic response meant that the audience had been open and receptive to the "good news" of the Gospel message. If you're the kind that measures the relevance of your

"The record, JOY IS LIKE THE RAIN, has brought many changes in me. Now I realize that you can pray by singing. 'Oh, you're nuts'—that is what my classmates say. I'm only 10 . . ." (A Maryland youngster)

contribution according to the trends of the times, you could not hope for a more meaningful experience. Sharing the billing with the all-time great jazz artist Mary Lou

*"... This music meets the supreme test of any religious song. It is supremely an offering and not a performance . . ."
(A Philadelphia Minister)*

Williams, the Philharmonic's composer-in-residence David Amram, Milwaukee's religious-folk discovery, John Ylvisaker, and Jesuits Paul Quinlan and Reverend Bruno Markaitis, in Carnegie Hall's first ecumenical venture was both a humbling and an exhilarating experience. So was the venture of building a new sound for the Lord with a new group of people, the Paulist seminarians. Shared insights into what it means to be "living for God in the 20th-century" remain as highlights of a wonderful "happening."

"I must tell you," wrote one of the seminarians on his return to the somewhat more predictable regularity of seminary life. "When we got off the train last Monday evening, a

(continued on page 62)

Sister Miriam Therese receives flowers at the final curtain call.



"From the top of a hill to Carnegie Hall"—truly a wonderful "happening."

the CHARISM of HEALING *continued from page 39*

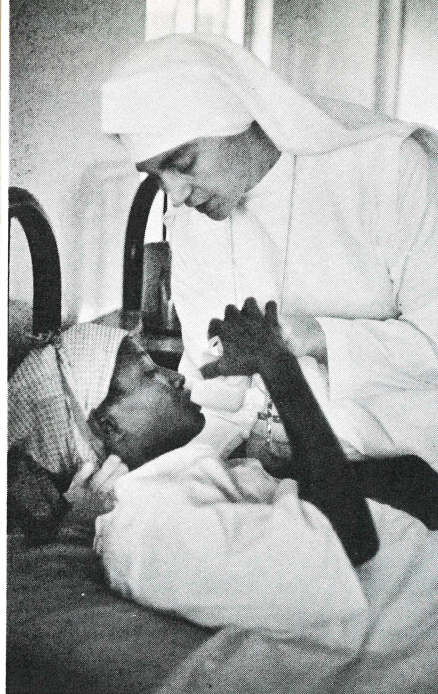
not separated in those early days. Work and prayer for the sick were part of the same healing process. The first hospitals were an expression of the Church's sense of responsibility for the afflicted, and down through the ages Christianity has proven creative in evolving improved ways of caring for the sick. The charism of healing has been exercised with constancy throughout the history of the Church, although the forms of this service have evolved. In our own days the Church has reaffirmed her commitment to the care of the sick with a new sense of urgency.

While she rejoices in the undertakings of others, she claims works of charity as her own inalienable duty and right. For this reason, pity for the needy and the sick, and works of charity and mutual aid intended to relieve human needs of every kind are held in special honor by the Church. At the present time, when the means of communication have grown more rapid, the distances between men have been overcome in a sense, and the inhabitants of the whole world have become like members of a single family, these actions and works have grown much more urgent and extensive. They can and should reach out to absolutely every person and every need. (Decree on the Laity, ch. 7)

A love which is creative of wholeness is the sign of the authenticity of the Church's ministry, just as it

was of Christ's. Healing is a vivid way to witness to and share the wholeness Christ's Spirit can achieve in our humanity. This wholeness, however, is no longer effected miraculously, but sacramentally and humanly. It is up to us to make the human signs such that the Spirit who gave them birth can be experienced through them.

The Christian engaged in Christ's mission of healing today is compelled by the Spirit not only to make the best possible use of modern means of medical care, but in and through these means to make felt the love, compassion and genuine concern for all the dimensions of human wholeness which was Christ's and still is a vital part of the Church. The present dichotomy between spiritual and physical healing needs to be resolved. Wholeness cannot be achieved in compartments. Medical care needs to be exercised not merely as a science but much more as a truly human art. Christian medical care must appear again as the spiritual gift it is, as an expression of the warm love of Jesus' healing Spirit. The humanization of modern medical procedures could be a striking witness to the fact that it is Christ's love and not merely man's wisdom that effects real wholeness. It is the challenging task of Christians engaged in medical work today to find a way to introduce the warm, life-giving Spirit of Pentecost into the halls of our hospitals and enable the healing arts to become again an



*Sister Martina,
nurse,
Techiman,
Ghana.*



*Sister Luke, M.D.,
Dacca,
East Pakistan.*



*Sister Lea,
nurse,
Dacca,
East Pakistan.*

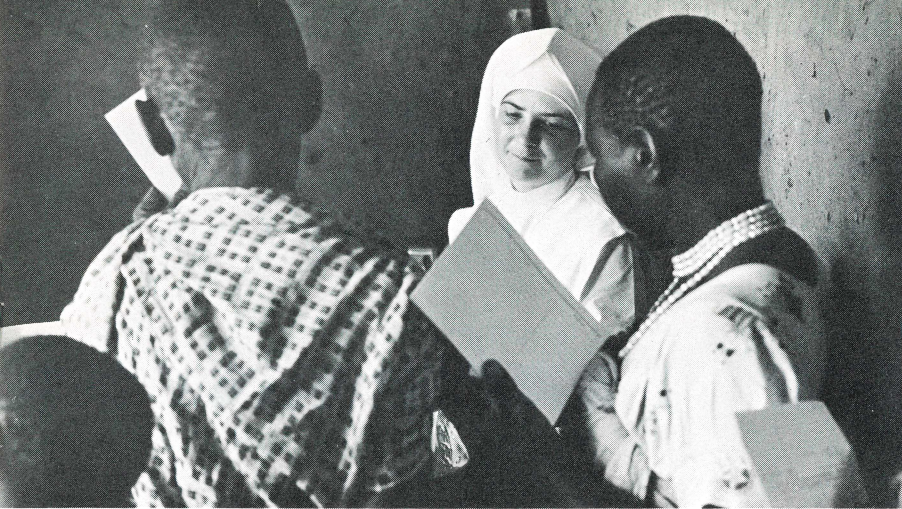
It is up to us to make the human signs such that the Spirit who gave them birth can be experienced through them.



Sister Carmela, public health nurse, Patna, India.

authentic and recognizable sign of salvation.

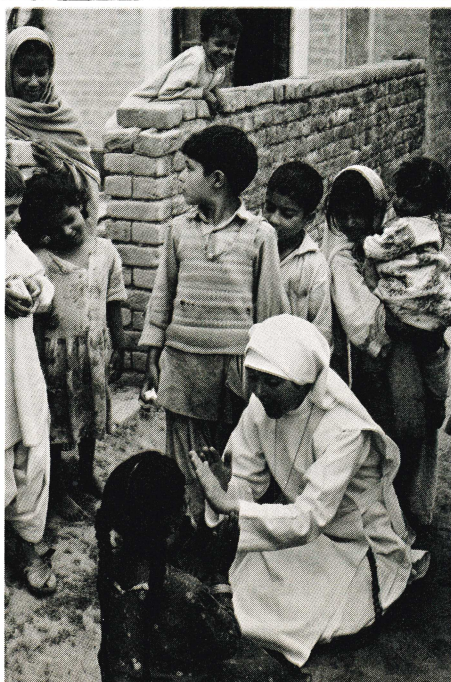
The work of a Medical Mission Sister is nothing if it is not the fruit of wholeness possessed and communicated. It is her privilege to lend her humanity to expressing the Spirit of love in the Church through her gift of healing. She will strive to develop her skill and make it expressive of the dispositions of a genuine healer: cheerfulness, kindness, the ability to listen, and a deep respect. She will aim to be a healer not only in the scientific medical sense, but a healing person, the kind of person who is creative of wholeness in all her gestures. Because she has come to grips with the lack of wholeness in herself and in her world, and has accepted salvation in the core of her being, she will have a note of invincibility in her endless capacity for care and compassion. In the measure that she has experienced within herself the Easter that can come through human weakness and suffering, she will be able to communicate to her patients faith and hope and love. Like her predecessors in the early Church, she will if she is true to her call and charism, "lay her hands upon the sick" in a way that communicates the Spirit and builds the health and wholeness of humanity. Her work will be an effective sign of salvation in our world, a sign that the Church truly continues Christ's healing work and gives contemporary expression to his Spirit. ■ ■ ■



*Sister Philip,
pharmacist,
Fort Portal,
Uganda.*



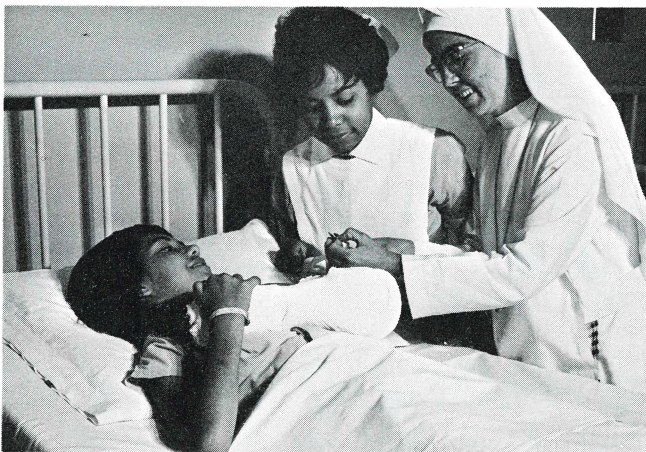
*Sister Colette,
nurse-anesthetist,
Berekum,
Ghana.*



*Sister Pierre,
Rawalpindi,
West Pakistan.*

Latin America and

Christianity: a sacrament



Sister Juanita gives a young student nurse an assist (Maracaibo, Venezuela).

We, the Church, are faced in Latin America with a reality, a problem, both immense and profound. We find in Latin America a poignant concretization of the number one social problem of our time: the gap between the rich and the poor. This gigantic disparity, this "insult," in the Pope's words, "flung in the face of humanity" is the most urgent problem facing the world today.

And we Christians for our part continue to live in what can be called a comfortable global ghetto, while the great majority of the world, which is non-Christian, awaits some sign from us, some gesture, which indicates that we have taken a stand, a Christ-stand, in regard to their misery. Yes, we must help by all the means at our disposal to alleviate the suffering of our brother, but deeper than all of this, the poor nations of the world want to know what stand we take. They are right

in using this criterion to judge the authenticity of our Christian preaching.

We do not have the right to be silent; we cannot indulge in the luxury of passively accepting the status quo, passively accepting the established disorder, passively accepting inertia. There is no such thing as a right to exercise non-intervention. The priest and the Levite had no right to pass by the wounded man as they made their way to Jericho. When Christ asked, "Who was neighbor to the wounded man," He placed before every human being, not the choice of determining his neighbor, but the choice of accepting or not the fact that he himself is neighbor to every man.

We speak of sin as though it were the infraction of some rule, the transgression of some abstract law, when in our hearts we know that it is the refusal to love. The gravest sins that

By Leon Josef Cardinal Suenens

the Universal Church

of service (Maracaibo).



Sister Florence visits a devout granny (Maracaibo).

men commit only appear in the consequences. They are the sins of omission.

We speak of resignation and acceptance, and subtly extend their meaning to cover our own insensitivity in the face of the suffering of others, thus closing ourselves off from the depth of our own reality and a share in the compassion of God. We can perhaps apply to someone who resigns himself to the suffering of others these words of Gibran: "You will laugh, but not all your laughter; you will cry, but not all your tears."

The time is short; there is already a gap between events and our modes of thinking and acting. We carry the torch of the Gospel, yet sometimes others see better by its light.

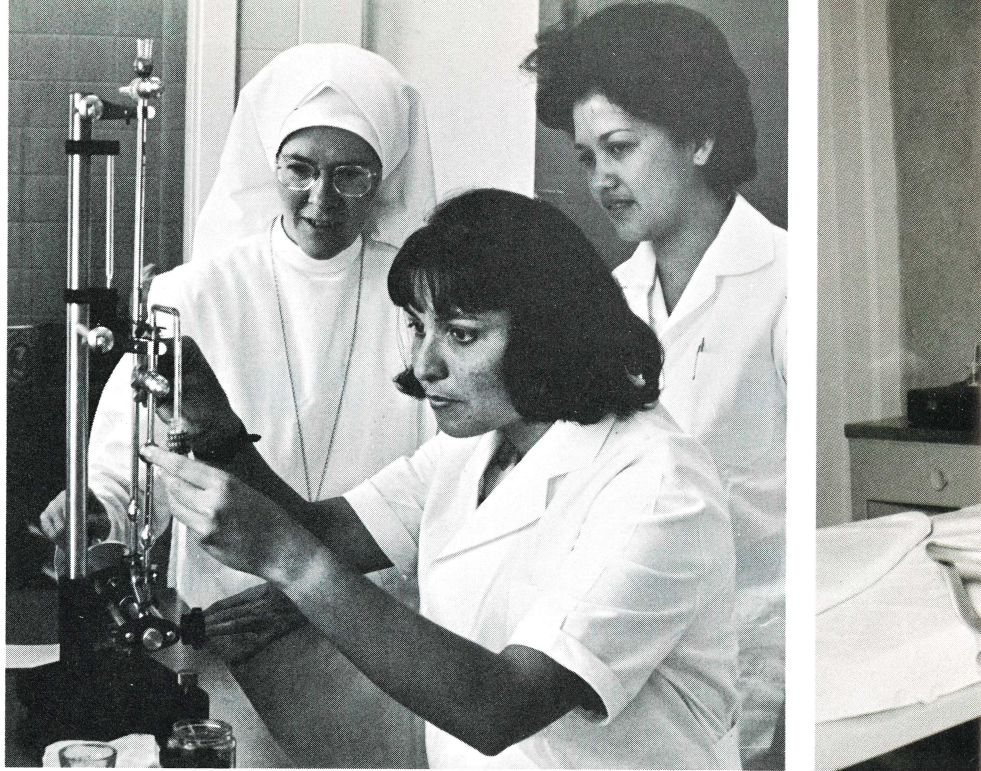
We must enter deeply into the spirit of the Council, wash ourselves clean of the dust we have accumulated through 20 centuries of pilgrim-

age and find once again a true appreciation of poverty and the social dimensions of what the Gospel requires of us.

The Council has taken to its heart the suffering of Christ in the poor of this world: "The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ."

Christianity is not an idea; it is an event. The Church's missionary activity is not propaganda; it is the sacrament of service through which the power of Christ's Resurrection becomes present and available to all men in the uniqueness of their freedom.

We have discussed the humanizing effect of the good news, yet men must see the depth from which this human compassion and concern



Sister Marion and lab assistants (Judibana, Venezuela).

really flows. The Church must be committed as a whole to the love of man, but in a way which reflects Christ's love for man.

Christ, Who lives in His Church, lives in each local church some aspect of His life with a particular intensity. Christ in the Church of Latin America is the poor Christ, Who lacks human means of accomplishing His redemptive work. He is the Christ Who has nowhere to lay His head, born in a stable, dying on a cross. He is Christ, the little man, whom circumstances force to be patient, meek, dependent and, at times, in danger from civil authority; the Christ Whose soul is tempered by the daily experience of man's true state before God, the real Christ preaching the Gospel with His life. It matters little somehow that so many thousands of these Christians do not "practice" their faith. It is

true that though they do not practice, their very lives preach; and they are baptized and sealed with the image of Christ.

The Church in Latin America, just because it is poor, has a prophetic role to play within the people of God. The Church is not just a people of prophets; it is a prophetic people. Not only do prophets arise in her from time to time, but the very community itself is prophetic. History abounds in examples of nations, cities, newly founded orders and movements which have borne the burden of the Word of God, "facing jeers and flogging, even fetters and prison bars; they were stoned to death, they were cut in two, they were put to the sword, they went about dressed in skins of sheep or goats, in poverty, distress, and misery. They were too good for this world." (Heb. 11:36-37) Often these



Sister Anita bends to the need of a sick little lady (Caripito, Venezuela).

groups made their witness, unaware that through them the Word of God was set loose in history to heal and sustain the people of God.

We already experience some of the effects of this charism which Latin America possesses. How many of the PAVLA workers have come home very conscious that they received much more than they gave?

It is the prophetic role of the whole Church of God to rely ultimately not on human means, but on the power of the Spirit of Christ. We know that only God can satisfy the longing of every human heart and of the whole human family. The true meaning of human existence lies neither in despising nor clinging to the goods of this earth, but in seeing this cosmos as ultimately destined to be radiant with the glory of the risen Christ shining through those who are bound to Him in love.

A Church truly poor brings to the world that witness which calms the anxiety of men who can see visibly before their eyes that God's power is brought to its perfection in weakness.

The Crusades of the past had for their goal to liberate the tomb of Christ, and this goal was noble and sacred. Today, the Crusade for the Third World wishes not only to liberate the tomb of Christ, but Christ Himself Whom Christians must discover suffering in hunger, sickness and misery, in the rejected two-thirds of humanity.

We do not have the right to pass Him by and not recognize Him: not extend our hand to Him, not cover Him, not feed Him in the person of the poor. He is our Brother—our life.

This is the challenge of our time, the challenge of Latin America to the Universal Church.

WAIT!

By Sister Bernadette Marie

A taxi wheezed to a stop at the front door of Holy Family Hospital, Rawalpindi. Two turbaned men jumped out and announced the arrival of an emergency case. When the stretcher bearers took over, the two men started haggling with the driver over the return trip to Talagong, the Punjabi village 89 miles south. "Wait," they insisted. "We won't be long."

They joined their brother in the emergency room. "Doctor Sahib, he was hit in the stomach by a buffalo. Admit him and give him medicine."

The Punjabi farmer on the bed looked petrified. His turban was pulled down close to

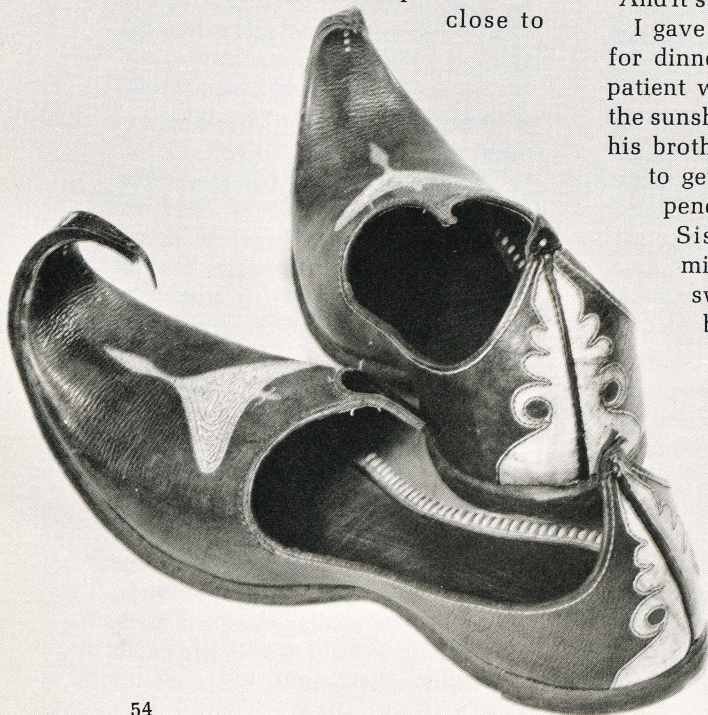
his big expressive eyes, and he clutched the sheet under his black beard. Dr. Iqbal, the intern, persuaded him to allow an examination. "There's an 80 percent chance that we'll have to do an operation," Dr. Iqbal said quietly to the brothers. "OPERATION!!" they shouted. "That's not what we brought him here for! You give him medicine, and he'll be all right." The patient disappeared again under the sheet.

For the next two hours, practically everyone in the hospital tried his powers of persuasion on the three brothers, including two other doctors and the Sister-administrator. The patient said nothing except an occasional timorous, "No," when asked to sign permission for any necessary operation. His brothers were more eloquent. "I know what operations are," said one, raising his sleeve triumphantly to reveal a long stitch-marked scar on his wrist, "And it's not going to happen to him!"

I gave up after a while and went for dinner. When I came back, the patient was lying on his bed roll in the sunshine near the front door, and his brothers were frantically trying to get another taxi. "What happened?" I wearily asked the Sister who was at the admission desk. Wearily, she answered, "They're taking him back to Talagong and their taxi didn't wait."

I kept thinking about Sher Mohammed, the patient, hoping everything would be all right, but afraid it wouldn't. I wondered what we could have done to make them understand.

Exactly a week later, as I was passing through the front lobby



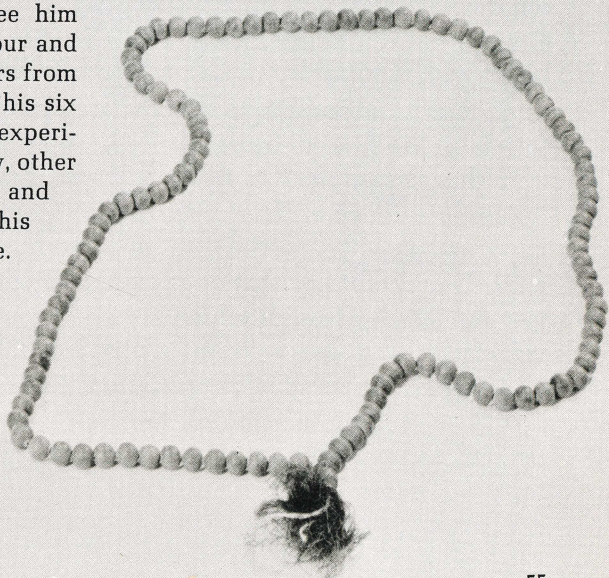
during a thunder storm, I heard a familiar sound outside—arguments over taxi fare from Talagong. They had come back! I don't know when I've been so glad to see anyone. Again, we brought Sher Mohammed into the emergency room on a stretcher, followed by his brothers, this time dripping wet and a little meeker. "How is he?" we all wanted to know. "Not well," was the answer. "He hasn't eaten anything all week, and he's been vomiting blood. He's weak. Please admit him and do an operation."

We wheeled Sher Mohammed down the hall to the surgical ward, and soon he was resting comfortably in a maze of suction and I.V. tubes. After some tests and a good night's sleep, he had a surprise waiting for him in the morning—he wouldn't need an operation. Even when he was transferred to the medical ward, he could hardly believe it. He looked like the happiest man in the Punjab. His face glowed with relief and sheer joy. Then he started to talk so much that anyone listening had to gradually edge away in order to get back to work. I went to see him every day during the noon hour and sometimes brought him flowers from the garden. He chatted about his six children in the village, his experiences in Burma with the Army, other European people he had met and what a wonderful hospital this was that had saved his life.

His brothers came a week later to take him home. They were so pleased with the results that they bordered on being cooperative. They didn't seem to be too eager to go, however, and kept stalling until the morning discharge hours were

over. Oblivious of everyone else, they made themselves comfortable on the floor of the front lobby, leaning against the admission counter, and opened their lunches. One finally ventured, "I've had a pain in my stomach for two years, and while I'm here, I want to see the doctor." After an examination, the doctor handed him a prescription for medicine. "What's THIS for?" he demanded. "I don't want medicine—I want an X-ray!"

I don't remember who won. Several times he was at the point of getting the medicine from the pharmacy when he would come back and insist again on an X-ray. Anyway, at the end of the afternoon, the three left satisfied. Sher Mohammed had all his things wrapped up in a turkish towel slung over his shoulder. On his way out the door, he opened it to show me that he had the pictures I had given him for his six children. I never saw him again, nor heard anything about him. But he is one of those people I will never forget.



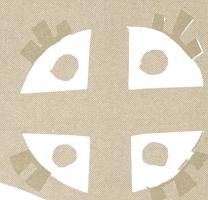
The Meaning And Constructive Value Of Suffering

"In a bunch of flowers it would be surprising to find imperfect or sickly blooms, because they have been picked one by one and assembled with art. On a tree, by contrast, which has had to fight the internal hazards of its own growth and the external hazards of rough weather, the broken branches, the bruised blossoms and the shrivelled, sickly or faded flowers are in their rightful place; they reflect the amount of difficulty which the trunk which bears them has undergone before attaining its growth.

Similarly, in a universe where every created being formed a small self-contained whole, willed for its own sake and theoretically transposable at will, we would find some difficulty in justifying in our own minds the presence of individuals painfully cut short in their possibilities and their upward flight. Why this pointless inequality, these meaningless restrictions? . . . In contrast, if the world really represents a conquest still under way, if at our birth we are really thrown into the thick of the battle, then we can well understand that, for the success of the universal effort in which we are at the same time the partners and the stake, pain is inevitable. The world, looked at empirically on our scale, is an immense groping, an immense search, an immense attack; it can only progress at the cost of many failures and many casualties. The sufferers, whatever the nature of their suffering, are the reflection of this austere but noble condition. They are not useless and diminished elements. They are merely those who pay the price of universal progress and triumph. They are the ones who have fallen on the field of honor.

If this assessment is right, the sick man, in his apparent inaction is faced with a most notable human task. No doubt he must never cease seeking betterment or cure with all his might. No doubt he must employ his remaining strength in the various forms of work which are still open to him, sometimes very fruitful. It goes without saying that Christian resignation is the very converse of capitulation. But once this amount of resistance to evil is secured, the sick man should understand that, to the very extent of his sickness, he has a special task to fulfill, in which no one else can take his place—namely, to cooperate in the transformation (it might be called the conversion) of human suffering."

...gift of the Spirit: to bring salvation...



at the message of
the angel the Virgin
Mary received the Word of

God in
her
heart
and in
LIFE

her body
and gave life to the
world.

CONSTITUTION
ON THE CHURCH.

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VIETNAM

Viet Tet

Tet arrived with the biggest bang ever at 12 a.m. on Feb. 9th this year. Flares went up, bullets went off, and firecrackers burst in rapid succession until our hands got tired holding onto our ears. The day itself was a beautiful one, and I think the weather was the best I've seen on any of the six Tets that I have celebrated in Vietnam.

Tet is the new Spring and is celebrated by all—rich and poor, Christian and Buddhist, young and old. All the people have new clothes for the feast and the children are especially attractive in their very bright new clothes. Tet is also a time of giving and receiving gifts, of visiting friends and relatives, of offering food and drink to those who come with their new year wishes, and of remembering the dead. We had the honor of being invited to the home of the man who is supervising our building project. Seven of us were able to visit him in his home, and thereby bring happiness and good luck to him and his family because of our visit (so he said). We were served a number of courses, different kinds of special feastday dishes. To finish the visit, a long, loud string of firecrackers had been saved for us from the night before. Sister Benedict was asked

to light the chain, and we all inched away from the noisy, bursting thing, while at the same time pretended to enjoy it. We were driven by jeep from this house to the home of our host's older brother, where the whole dinner, etc., was reenacted again before we were taken home. In the afternoon we went around to visit some of the poor people and our employees. Each of these families delighted in serving the best of whatever they had, and always their very best. It seemed a joyful and prosperous Tet this year. The celebrating usually goes on for at least three days, but we've come to expect a continuation of festivities for a full week.

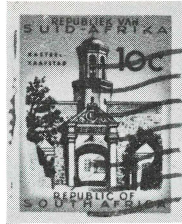
Sister M. Brendan
Holy Family Hospital, Quinhon

INDIA

It Will Never Float

Oh, yes it will . . . ! It was an almost cool Sunday morning. Five of us had decided to walk down to the river for a few hours and leave behind the hustle and bustle of the hospital.

We settled ourselves near an interesting barge-like boat that lay half sunk in the water. Nothing like a little atmosphere. The atmosphere lasted about five min-



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

utes, for out of nowhere, five men and several boys appeared. They headed straight for the boat and immediately began bailing out the debris. "Why, they're going to try to get that thing to float!"

Patiently the men scooped out the gum-like mud that had collected in the bottom of the boat and used it to build a mud railing along the sunken portion of the craft. Then they bailed out the water. Meanwhile, using more mud and pieces of burlap, the leaks were gradually plugged.

"They'll never get it to float!" "I'm not so sure about that!" By now we were watching with interest. The sun climbed high and hot in the sky, but they kept patiently at it. Now and then one of the boys would break away, dive into the water and come up splashing and laughing, looking for all the world like a shiny brown eel. I noticed that two of the workmen and one boy had deep coughs. Everytime one of them coughed I took a mental X-ray and visualized the probable T.B.

By that time we had already found out that all the men were fishermen. They belonged to one extended family and this was their boat, their only means of livelihood.

Suddenly, with a heave, the boat righted itself. I had been playing my harmonica for their benefit, and now, at their success, I clapped

my hands and cheered their efforts. They gallantly received my applause.

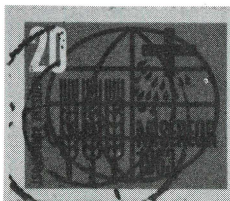
But the job wasn't finished. The boat was filthy. Using scrubs for brooms they swabbed down their little craft leaving it clean as a whistle.

When it was finished, they asked: "Would the madames like a ride?" Of course! Three of us, braver or more foolhardy than the rest, depending on how you look at it, climbed in. Three more on-lookers clambered aboard and we were off. Two rowers sat on the somewhat elevated prow and rowed the cumbersome vessel with huge, spoon-like oars. A third manned the rudder. For all its awkward lines, the little boat proved "seaworthy."

At the end of the ride our three companions disembarked first and proceeded to pay the captain for the ride. None of us had a cent. What to do?! With that, one of our fellow passengers stepped forward and offered to pay for us, but the captain refused. He smiled our way and said that the madames in white had been his guests and they would always be welcome.

This poor fisherman who had nothing had given me so much. It's no wonder that I have come to love the people of India so.

Sister M. Sharon
Holy Family Hospital, New Delhi

■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT ■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

VENEZUELA

Day of the Sick

Father Gonzalez is a *Maracai-bero* (from Maracaibo) and is priest and pastor to a poor parish of 50,000 souls. He is a hard-working Padre who is very interested in the "life" of his people. Last year he celebrated a "Day of the Sick" and, as it proved to be a good thing, his parish celebrated it again this year. The people prepared themselves for it by a Bible Service the evening before. The next day, lay people from the Legion of Mary, seven priests whom Father called in to help, and some of our sisters went into the *barrio* to bring Holy Communion to 200 sick. As we entered the homes of the poor, a rather destitute young man commented, "Father, we may be much loved by God, but we are despised by the rest of men." Some of the homes were clean, a few were not. Very few homes had furniture and the majority of them had almost

nothing. Most of the sick were old, some blind, others deaf or crippled, and the Lord came to them all. In the evening the activities were closed by Holy Mass which was broadcast over the local station and at which the Archbishop presided. It was an enriching experience for all of us who, though called to serve in different ways, find our goal to be the same, to meet the Lord and share Him.

Sister M. Otilia
Our Lady of Coromoto Hospital
Maracaibo

EAST PAKISTAN

A Task of Survival

Adjusting to the climate of a country is a difficult task. Where the humidity is about as high as the temperature, as it is in Dacca, the task becomes one of survival! The problem exists for the indig-

WILL POWER

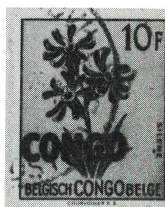
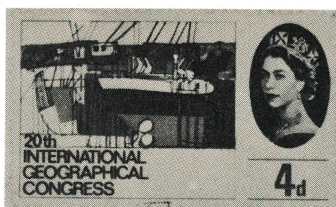
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enous population as well as for foreigners. I experienced this quite graphically one day while I was on a shopping tour. The temperature had reached 105 degrees and the humidity had climbed to 95%. It was hot ! But the shopping couldn't wait.

Our driver, Peter, took me to the first shop. Just as I turned from the car an old man, a coolie with a huge bag of papers on his head, walked by. He never passed me. I turned to see him slumped over, the contents of his bag sprawled across the crowded street. As the poor man lay prostrate on the sidewalk, I rushed into the store to ask for a glass of water, then ran out to the man and began to rub his head and face with the cool water. However, it didn't take but a second to realize this person needed more than water. He was so dehydrated and looked so old. Later we were shocked to learn that he was only 40 years old! A crowd began immediately to gather, cutting off what little breeze there was. Peter saw what was happening and said: "Sister, decide something quickly. The crowd will get larger and the man will not be able to breathe!" I asked Peter to try and find someone in the crowd who might know the man or at least where he worked. Fortunately we located a young man who knew him. We asked him to come along with us so we could find the family. The

young man informed us that the family lived in the village and it would take too long to find them. At this point the man himself regained consciousness, and we asked him if he would like to be taken to the hospital and have a doctor examine him. He shook his head yes, and that was enough for us. Four men in the crowd picked the man up and placed him in our car. It is amazing how quiet a large crowd can be. They parted quickly as we came through. Concern was written on their faces, because I think they knew much better than we what was the condition of this man and what problems he and his family would face now that the breadwinner was ill.

Peter drove quickly to the hospital and the man again became unconscious. In the emergency room the doctor examined him, ordered the needed medications and admitted him to the hospital. The patient was put in a nice clean bed, regained consciousness again, smiled his thanks and even tried to speak them. In four hours, before we could reach his wife and three children, the poor man died. Heat had claimed another victim. I was a bit consoled thinking that at least he died with someone caring for him, and I thanked God that I had gone shopping that day.

Sister M. Rachel
Holy Family Hospital, Dacca

A NEW SONG

(continued from page 45)

beautiful thing happened. The station was dark except for a few pools of water reflecting light off the sides of the train. Hundreds of people were arriving in Washington—businessmen, secretaries, servicemen, diplomats. We were walking by the tracks when, very quietly, 16 joy-filled Paulists started to sing, 'It's a long road to freedom . . .'. At that moment, singing 'cover the earth with the songs you sing,' I never felt closer to my brother Paulists. We continue to share this experience . . . and we are better men for it."

The Medical Mission Sisters, committed heart and hands and soul to the cause of healing, are also much the richer for this happening. Convinced that the care of the sick has

a double aspect, spiritual as well as physical, they cannot remain unaware of the havoc a troubled spirit can unleash on a man. If a person is in anguish, it is futile to try to run away. Facing the wound squarely, exposing it to the life-giving light of the eye of God for balm and healing, this too is a vital part of medical mission work. And this the Sisters try to do, personally and for others, through their songs. "Come down, Lord," they sing, "the world is ill, wracked with bloodshed the live-long day. Man must struggle for peace until you show the way; you show the way . . . Speak and the promise is sealed. For when your Word, O God, is spoken, we shall be healed, we shall be healed."

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HIGHLIGHTS

"The history of Christian medical work across the world is one of the noblest stories of human compassion and enterprise, but the more one examines it, the more closely does it appear to follow a single pattern. Only rarely was it initiated as the result of careful planning. What usually happened was that some Christian individual, not necessarily a professional medical worker and often not a professional missionary, confronted with desperate need, offered himself in an outpouring of love and compassion to meet that need, without counting the cost and regardless of the consequences . . . Somehow in the doing of it, patients and their relatives saw something more than the person offering them help. Behind the often inadequate services of their helper they encountered Christ, and He won their hearts. Soon the veranda had become a clinic, the home a hospital, and an institution was born which over the years has become the source of new health and happiness to many."

NEWSLETTER of the
Christian Medical Council
January, 1966

"Medical missions have tended to be thought of, by mission executives and by the missionaries themselves, as examples of service — which they certainly are and

should be. But because they have lost sight of the fact that healing is also in itself a preaching of the Gospel, because the Gospel is the means of becoming whole, and that the healed body is not merely a parable of the healed soul but is a part of it, certain fatal consequences have ensued. Concentration on the idea of service, in the presence of an inexhaustible ocean of need, has led to a progressive dilution of the quality of service offered . . . The busy doctor does less and less for more and more people until he approaches the point of doing nothing at all for everybody. He misses the distinction between expansion and growth, and if he has time to stop and think what this has done to the quality of his service and to the personal attention which he, as a man, as a Christian, and a physician, can give to the individual sufferer, all he knows how to do is shrug his shoulders in despair and cry to his home board for more money and personnel . . ."

William L. Nute, Jr., M.D.
Associate Director,
Christian Medical Council

"A concept of health which is merely that of restored balance, a static 'wholeness,' has no answer to the problem of human guilt or death, nor to the anxiety and the threat of meaninglessness

& INSIGHTS

HIGHLIGHTS

which are the projection upon human life of the shadow of death. Health, in the Christian understanding, is a continuous and victorious encounter with the powers that deny the existence and goodness of God. It is a participation in an invasion of the realm of evil, in which final victory lies beyond death, but the power of that victory is known now in the gift of the life-giving Spirit. It is a kind of life which has overcome death and the anxiety which is the shadow of death. Whether in the desperate squalor of over-populated and under-developed areas, or in the spiritual wasteland of affluent societies, it is a sign of God's victory and a summons to his service. The Church's ministry of healing is thus an integral part of its witness to the Gospel. In the exercise of this healing function the Church must never be indifferent to the patient's spiritual condition, his religious faith or unbelief."

"The Healing Church"
World Council of Churches
Geneva, 1965

"The charismata are not primarily extraordinary but common; they are not of one kind, but manifold; they are not limited to a special group of persons, but truly universal in the Church. All this implies also that they are not a thing of the past (possible and

real only in the early Church), but eminently contemporary and actual; they do not hover on the periphery of the Church but are eminently central and essential to it. In this sense one should speak of a charismatic structure of the Church which embraces and goes beyond the structure of its government. In the widest sense this charisma is God's call to the individual person in view of a specific service within the community, including the ability to perform this service. Charisma, call and service are interconnected. The services and charismata presuppose the call.

"If we by charisma mean this and do not see it simply as some rare ability to perform something extraordinary and wonderful, we may also translate charisma briefly with 'gift of grace' (the individual person has received this 'gift' and this 'call'). The Constitution therefore rightly calls the charismata 'special graces.' They are the manifestation, the concrete and individual expression of the charis (love) of God's grace-giving power, which seizes us in order to lead us to service and so to give us our individual share in Christ's power. The charismata are pure gifts of the Spirit, and yet, the Christian may and should desire the higher gifts; he may and should pray to obtain them."

Hans Kung
"Concilium," April, 1965

& INSIGHTS



Go and tell
what you
have seen
and heard:

The blind receive their sight,
The lame walk,
Lepers are cleansed and
The deaf hear,

The dead are raised up.
The poor have good
news preached
to them.

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